



February 6, 2015

SENATE BILL No. 464

DIGEST OF SB 464 (Updated February 4, 2015 12:00 pm - DI 104)

Citations Affected: IC 5-10; IC 11-10; IC 11-12; IC 11-13; IC 12-15; IC 12-23; IC 25-22.5; IC 27-8; IC 27-13; IC 33-23; IC 33-39; IC 35-38.

Synopsis: Mental health drugs. Prohibits coverage by: (1) the state employee health plan; (2) Medicaid; (3) certain policies of accident and sickness; and (4) certain health maintenance organization contracts; of methodone if the drug is prescribed for the treatment of pain. Provides that addictions counseling, inpatient detoxification, and long acting, nonaddictive medication may be required to treat opioid or alcohol addiction as a condition of parole, probation, community corrections, pretrial diversion, or participation in a problem solving court. Includes inpatient substance abuse detoxification services as a Medicaid service. Requires the drug utilization review board (board) to review the prescribing and reimbursement for long acting addictive medication
(Continued next page)

Effective: July 1, 2015.

**Miller Patricia, Becker,
Charbonneau, Stoops, Crider, Mrvan,
Breau**

January 14, 2015, read first time and referred to Committee on Health & Provider Services.
February 5, 2015, amended, reported favorably — Do Pass; reassigned to Committee on Appropriations.

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assistance treatment drugs for the treatment of pain and for the treatment of substance abuse. Requires the board to report its findings to the general assembly not later than December 1, 2015. Prohibits the office of Medicaid policy and planning from requiring prior authorization for a drug that is a nonaddictive medication assistance treatment drug being prescribed for the treatment of substance abuse. Requires coverage under the Indiana check-up plan of nonaddictive medication assistance treatment drugs prescribed for the treatment of substance abuse. Authorizes the division of mental health and addiction (division) to approve before June 30, 2018 not more than five new opioid treatment program if the programs are run by a hospital or a certified community mental health center. Requires the division to report to the general assembly before July 1, 2018 specified information concerning any new facilities. Requires a prescriber who is prescribing methadone for the treatment of pain or pain management to indicate this treatment on the prescription or order.



February 6, 2015

First Regular Session 119th General Assembly (2015)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2014 Regular Session and 2014 Second Regular Technical Session of the General Assembly.

SENATE BILL No. 464

A BILL FOR AN ACT to amend the Indiana Code concerning human services.

Be it enacted by the General Assembly of the State of Indiana:

1 SECTION 1. IC 5-10-8-14.8 IS ADDED TO THE INDIANA CODE
2 AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
3 1, 2015]: **Sec. 14.8. (a) This section applies to an employee health**
4 **plan that is established, entered into, amended, or renewed after**
5 **June 30, 2015.**

6 **(b) As used in this section, "covered individual" means an**
7 **individual who is entitled to coverage under a state employee**
8 **health plan.**

9 **(c) As used in this section, "state employee health plan" means**
10 **one (1) of the following:**

11 **(1) A self-insurance program established under section 7(b) of**
12 **this chapter to provide group health coverage.**

13 **(2) A contract with a prepaid health care delivery plan that is**
14 **entered into or renewed under section 7(c) of this chapter.**

15 **(d) A state employee health plan may not provide coverage for**
16 **methadone if the drug is prescribed for the treatment of pain or**

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pain management.

SECTION 2. IC 11-10-4-6 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 6. The administration of a drug by the department for the purpose of controlling a mental or emotional disorder is subject to the following requirements:

(1) The particular drug must be prescribed by a physician who has examined the offender.

(2) The drug must be administered by either a physician or qualified medical personnel under the direct supervision of a physician.

(3) The offender must be periodically observed, during the duration of the drug's effect, by qualified medical personnel.

(4) A drug may be administered for a period longer than seventy-two (72) hours only if the administration is part of a psychotherapeutic program of treatment prescribed and detailed in writing by a physician.

(5) A drug may be administered for the purpose of controlling substance abuse, including a federal Food and Drug Administration approved long acting, nonaddictive medication for the treatment of opioid or alcohol dependence.

SECTION 3. IC 11-10-11.5-11, AS AMENDED BY P.L.247-2013, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 11. (a) While assigned to a community transition program, a person must comply with:

(1) the rules concerning the conduct of persons in the community transition program, including rules related to payments described in section 12 of this chapter, that are adopted by the community corrections advisory board establishing the program or, in counties that are not served by a community corrections program, that are jointly adopted by the courts in the county with felony jurisdiction; and

(2) any conditions established by the sentencing court for the person.

(b) As a rule of the community transition program, a person convicted of a sex offense (as defined in IC 11-8-8-5.2) may not use a social networking web site (as defined in IC 35-31.5-2-307) or an instant messaging or chat room program (as defined in IC 35-31.5-2-173) to communicate, directly or through an intermediary, with a child less than sixteen (16) years of age. However, the rules of the community transition program may permit the offender to communicate using a social networking web site or an instant messaging or chat room program with:



- (1) the offender's own child, stepchild, or sibling; or
- (2) another relative of the offender specifically named in the rules applicable to that person.

(c) As a rule of the community transition program, an individual may be required to receive:

- (1) addiction counseling;**
- (2) inpatient detoxification; and**
- (3) medication assisted treatment, including a federal Food and Drug Administration approved long acting, nonaddictive medication for the treatment of opioid or alcohol dependence.**

SECTION 4. IC 11-12-1-2.5, AS AMENDED BY P.L.184-2014, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 2.5. (a) The community corrections programs described in section 2 of this chapter shall use evidence based services, programs, and practices that reduce the risk for recidivism among persons who participate in the community corrections programs.

(b) The community corrections board may also coordinate or operate:

- (1) educational;
- (2) mental health;
- (3) drug or alcohol abuse counseling; and
- (4) housing;

programs. In addition, the board may provide supervision services for persons described in section 2 of this chapter.

(c) Drug or alcohol abuse counseling programs under subsection (b) may include:

- (1) addiction counseling;**
- (2) inpatient detoxification; and**
- (3) medication assisted treatment, including a federal Food and Drug Administration approved long acting, nonaddictive medication for the treatment of opioid or alcohol dependence.**

SECTION 5. IC 11-12-2-1, AS AMENDED BY P.L.168-2014, SECTION 24, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 1. (a) For the purpose of encouraging counties to develop a coordinated local corrections-criminal justice system and providing effective alternatives to imprisonment at the state level, the commissioner shall, out of funds appropriated for such purposes, make grants to counties for the establishment and operation of community corrections programs. Appropriations intended for this purpose may not be used by the department for any other purpose. Money appropriated to the department of correction for the purpose of making grants under this chapter and any financial aid payments suspended under section 6



of this chapter do not revert to the state general fund at the close of any fiscal year, but remain available to the department of correction for its use in making grants under this chapter.

(b) Before March 1, 2015, the department shall estimate the amount of any operational cost savings that will be realized in the state fiscal year ending June 30, 2015, from a reduction in the number of individuals who are in the custody or made a ward of the department of correction (as described in IC 11-8-1-5) that is attributable to the sentencing changes made in HEA 1006-2014 as enacted in the 2014 session of the general assembly. The department shall make the estimate under this subsection based on the best available information. If the department estimates that operational cost savings described in this subsection will be realized in the state fiscal year ending June 30, 2015, the following apply to the department:

(1) The department shall certify the estimated amount of operational cost savings that will be realized to the budget agency and to the auditor of state.

(2) The department may, after review by the budget committee and approval by the budget agency, make additional grants as provided in this chapter to counties for the establishment and operation of community corrections programs from funds appropriated to the department for the department's operating expenses for the state fiscal year.

(3) The department may, after review by the budget committee and approval by the budget agency, transfer funds appropriated to the department for the department's operating expenses for the state fiscal year to the judicial conference of Indiana to be used by the judicial conference of Indiana to provide additional financial aid for the support of court probation services under the program established under IC 11-13-2.

(4) The maximum aggregate amount of additional grants and transfers that may be made by the department under subdivisions (2) and (3) for the state fiscal year may not exceed the lesser of:

(A) the amount of operational cost savings certified under subdivision (1); or

(B) eleven million dollars (\$11,000,000).

Notwithstanding P.L.205-2013 (HEA 1001-2013), the amount of funds necessary to make any additional grants authorized and approved under this subsection and for any transfers authorized and approved under this subsection, and for providing the additional financial aid to courts from transfers authorized and approved under this subsection, is appropriated for those purposes for the state fiscal year ending June 30,



2015; and the amount of the department's appropriation for operating expenses for the state fiscal year ending June 30, 2015, is reduced by a corresponding amount. This subsection expires June 30, 2015.

(c) (b) The commissioner shall give priority in issuing community corrections grants to programs that provide alternative sentencing projects for persons with mental illness, addictive disorders, mental retardation, and developmental disabilities. **Programs for addictive disorders may include:**

(1) addiction counseling;

(2) inpatient detoxification; and

(3) medication assisted treatment, including a federal Food and Drug Administration approved long acting, nonaddictive medication for the treatment of opioid or alcohol dependence.

SECTION 6. IC 11-12-3.7-11, AS AMENDED BY P.L.168-2014, SECTION 25, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 11. (a) A person is eligible to participate in a pre-conviction forensic diversion program only if the person meets the following criteria:

(1) The person has a mental illness, an addictive disorder, or both a mental illness and an addictive disorder.

(2) The person has been charged with an offense that is:

(A) not a violent offense; and

(B) a Class A, B, or C misdemeanor, or a Level 6 felony that may be reduced to a Class A misdemeanor in accordance with IC 35-50-2-7.

(3) The person does not have a conviction for a violent offense in the previous ten (10) years.

(4) The court has determined that the person is an appropriate candidate to participate in a pre-conviction forensic diversion program.

(5) The person has been accepted into a pre-conviction forensic diversion program.

(b) Before an eligible person is permitted to participate in a pre-conviction forensic diversion program, the court shall advise the person of the following:

(1) Before the individual is permitted to participate in the program, the individual will be required to enter a guilty plea to the offense with which the individual has been charged.

(2) The court will stay entry of the judgment of conviction during the time in which the individual is successfully participating in the program. If the individual stops successfully participating in the program, or does not successfully complete the program, the



1 court will lift its stay, enter a judgment of conviction, and
2 sentence the individual accordingly.

3 (3) If the individual participates in the program, the individual
4 may be required to remain in the program for a period not to
5 exceed three (3) years.

6 (4) During treatment the individual may be confined in an
7 institution, be released for treatment in the community, receive
8 supervised aftercare in the community, or may be required to
9 receive a combination of these alternatives. **Programs for**

10 **addictive disorders may include:**

11 **(A) addiction counseling;**

12 **(B) inpatient detoxification; and**

13 **(C) medication assisted treatment, including a federal Food**
14 **and Drug Administration approved long acting,**
15 **nonaddictive medication for the treatment of opioid or**
16 **alcohol dependence.**

17 (5) If the individual successfully completes the forensic diversion
18 program, the court will waive entry of the judgment of conviction
19 and dismiss the charges.

20 (6) The court shall determine, after considering a report from the
21 forensic diversion program, whether the individual is successfully
22 participating in or has successfully completed the program.

23 (c) Before an eligible person may participate in a pre-conviction
24 forensic diversion program, the person must plead guilty to the offense
25 with which the person is charged.

26 (d) Before an eligible person may be admitted to a facility under the
27 control of the division of mental health and addiction, the individual
28 must be committed to the facility under IC 12-26.

29 (e) After the person has pleaded guilty, the court shall stay entry of
30 judgment of conviction and place the person in the pre-conviction
31 forensic diversion program for not more than:

32 (1) two (2) years, if the person has been charged with a
33 misdemeanor; or

34 (2) three (3) years, if the person has been charged with a felony.

35 (f) If, after considering the report of the forensic diversion program,
36 the court determines that the person has:

37 (1) failed to successfully participate in the forensic diversion
38 program, or failed to successfully complete the program, the court
39 shall lift its stay, enter judgment of conviction, and sentence the
40 person accordingly; or

41 (2) successfully completed the forensic diversion program, the
42 court shall waive entry of the judgment of conviction and dismiss



the charges.

SECTION 7. IC 11-12-3.8-1.5 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: **Sec. 1.5. For purposes of this chapter,"substance abuse treatment" may include:**

- (1) addiction counseling;**
- (2) inpatient detoxification; and**
- (3) medication assisted treatment, including a federal Food and Drug Administration approved long acting, nonaddictive medication for the treatment of opioid or alcohol dependence.**

SECTION 8. IC 11-13-2-3, AS AMENDED BY P.L.184-2014, SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: **Sec. 3. (a)** Any court having probation jurisdiction may apply for financial assistance under this chapter by submitting an application to the judicial conference of Indiana for review. The application shall be accompanied by detailed plans regarding the use of the financial aid.

(b) The judicial conference of Indiana shall develop a plan for the application process and the funding requirements for courts seeking financial aid. The judicial conference and the state budget committee must approve all financial aid granted under this chapter.

(c) Two (2) or more courts may jointly apply for financial assistance under this chapter.

(d) The judicial conference of Indiana shall award financial assistance based on the proposed implementation of evidence based practices or the proposed coordination of services with other community supervision agencies operating in the same county.

(e) Before providing financial assistance under this chapter, the judicial conference of Indiana shall consult with the department of correction and the division of mental health and addiction:

- (1)** for the purpose of more effectively addressing the need for:
 - (A)** substance abuse treatment;
 - (B)** mental health services; and
 - (C)** other services for offenders placed on community supervision; and
- (2)** to avoid duplication of services.

(f) Substance abuse treatment under subsection (e) may include:

- (1) addiction counseling;**
- (2) inpatient detoxification; and**
- (3) medication assisted treatment, including a federal Food and Drug Administration approved long acting, nonaddictive medication for the treatment of opioid or alcohol dependence.**



1 ~~(f)~~ (g) Mental health and substance abuse treatment services
 2 provided by financial assistance under this section shall be provided by
 3 a provider certified by the division of mental health and addiction to
 4 provide mental health or substance abuse treatment.

5 SECTION 9. IC 11-13-3-4, AS AMENDED BY P.L.114-2012,
 6 SECTION 27, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 7 JULY 1, 2015]: Sec. 4. (a) A condition to remaining on parole is that
 8 the parolee not commit a crime during the period of parole.

9 (b) The parole board may also adopt, under IC 4-22-2, additional
 10 conditions to remaining on parole and require a parolee to satisfy one
 11 (1) or more of these conditions. These conditions must be reasonably
 12 related to the parolee's successful reintegration into the community and
 13 not unduly restrictive of a fundamental right.

14 (c) If a person is released on parole, the parolee shall be given a
 15 written statement of the conditions of parole. Signed copies of this
 16 statement shall be:

- 17 (1) retained by the parolee;
- 18 (2) forwarded to any person charged with the parolee's
- 19 supervision; and
- 20 (3) placed in the parolee's master file.

21 (d) The parole board may modify parole conditions if the parolee
 22 receives notice of that action and had ten (10) days after receipt of the
 23 notice to express the parolee's views on the proposed modification.
 24 This subsection does not apply to modification of parole conditions
 25 after a revocation proceeding under section 10 of this chapter.

26 (e) As a condition of parole, the parole board may require the
 27 parolee to reside in a particular parole area. In determining a parolee's
 28 residence requirement, the parole board shall:

- 29 (1) consider:
 - 30 (A) the residence of the parolee prior to the parolee's
 - 31 incarceration; and
 - 32 (B) the parolee's place of employment; and
- 33 (2) assign the parolee to reside in the county where the parolee
- 34 resided prior to the parolee's incarceration unless assignment on
- 35 this basis would be detrimental to the parolee's successful
- 36 reintegration into the community.

37 (f) As a condition of parole, the parole board may require the
 38 parolee to:

- 39 (1) periodically undergo a laboratory chemical test (as defined in
- 40 IC 9-13-2-22) or series of tests to detect and confirm the presence
- 41 of a controlled substance (as defined in IC 35-48-1-9); and
- 42 (2) have the results of any test under this subsection reported to



the parole board by the laboratory.

The parolee is responsible for any charges resulting from a test required under this subsection. However, a person's parole may not be revoked on the basis of the person's inability to pay for a test under this subsection.

(g) As a condition of parole, the parole board:

(1) may require a parolee who is a sex offender (as defined in IC 11-8-8-4.5) to:

(A) participate in a treatment program for sex offenders approved by the parole board; and

(B) avoid contact with any person who is less than sixteen (16) years of age unless the parolee:

(i) receives the parole board's approval; or

(ii) successfully completes the treatment program referred to in clause (A); and

(2) shall:

(A) require a parolee who is a sex or violent offender (as defined in IC 11-8-8-5) to register with a local law enforcement authority under IC 11-8-8;

(B) prohibit a parolee who is a sex offender from residing within one thousand (1,000) feet of school property (as defined in IC 35-31.5-2-285) for the period of parole, unless the sex offender obtains written approval from the parole board;

(C) prohibit a parolee who is a sex offender convicted of a sex offense (as defined in IC 35-38-2-2.5) from residing within one (1) mile of the victim of the sex offender's sex offense unless the sex offender obtains a waiver under IC 35-38-2-2.5;

(D) prohibit a parolee who is a sex offender from owning, operating, managing, being employed by, or volunteering at any attraction designed to be primarily enjoyed by children less than sixteen (16) years of age;

(E) require a parolee who is a sex offender to consent:

(i) to the search of the sex offender's personal computer at any time; and

(ii) to the installation on the sex offender's personal computer or device with Internet capability, at the sex offender's expense, of one (1) or more hardware or software systems to monitor Internet usage; and

(F) prohibit the sex offender from:

(i) accessing or using certain web sites, chat rooms, or instant messaging programs frequented by children; and

(ii) deleting, erasing, or tampering with information on the



1 sex offender's personal computer with intent to conceal an
2 activity prohibited by item (i).

3 The parole board may not grant a sexually violent predator (as defined
4 in IC 35-38-1-7.5) or a sex offender who is an offender against children
5 under IC 35-42-4-11 a waiver under subdivision (2)(B) or (2)(C). If the
6 parole board allows the sex offender to reside within one thousand
7 (1,000) feet of school property under subdivision (2)(B), the parole
8 board shall notify each school within one thousand (1,000) feet of the
9 sex offender's residence of the order.

10 (h) The address of the victim of a parolee who is a sex offender
11 convicted of a sex offense (as defined in IC 35-38-2-2.5) is
12 confidential, even if the sex offender obtains a waiver under
13 IC 35-38-2-2.5.

14 (i) As a condition of parole, the parole board may require a parolee
15 to participate in a reentry court program.

16 (j) As a condition of parole, the parole board:

17 (1) shall require a parolee who is a sexually violent predator
18 under IC 35-38-1-7.5; and

19 (2) may require a parolee who is a sex or violent offender (as
20 defined in IC 11-8-8-5);

21 to wear a monitoring device (as described in IC 35-38-2.5-3) that can
22 transmit information twenty-four (24) hours each day regarding a
23 person's precise location, subject to the amount appropriated to the
24 department for a monitoring program as a condition of parole.

25 (k) As a condition of parole, the parole board may prohibit, in
26 accordance with IC 35-38-2-2.6, a parolee who has been convicted of
27 stalking from residing within one thousand (1,000) feet of the residence
28 of the victim of the stalking for a period that does not exceed five (5)
29 years.

30 (l) As a condition of parole, the parole board may prohibit a parolee
31 convicted of an offense under IC 35-46-3 from owning, harboring, or
32 training an animal, and, if the parole board prohibits a parolee
33 convicted of an offense under IC 35-46-3 from having direct or indirect
34 contact with an individual, the parole board may also prohibit the
35 parolee from having direct or indirect contact with any animal
36 belonging to the individual.

37 (m) As a condition of parole, the parole board may require a
38 parolee to receive:

39 (1) addiction counseling;

40 (2) inpatient detoxification; and

41 (3) medication assisted treatment, including a federal Food
42 and Drug Administration approved long acting, nonaddictive



medication for the treatment of opioid or alcohol dependence.

~~(m)~~ (n) A parolee may be responsible for the reasonable expenses, as determined by the department, of the parolee's participation in a treatment or other program required as a condition of parole under this section. However, a person's parole may not be revoked solely on the basis of the person's inability to pay for a program required as a condition of parole under this section.

SECTION 10. IC 12-15-5-1, AS AMENDED BY P.L.274-2013, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 1. Except as provided in IC 12-15-2-12, IC 12-15-6, and IC 12-15-21, the following services and supplies are provided under Medicaid:

- (1) Inpatient hospital services.
- (2) Nursing facility services.
- (3) Physician's services, including services provided under IC 25-10-1 and IC 25-22.5-1.
- (4) Outpatient hospital or clinic services.
- (5) Home health care services.
- (6) Private duty nursing services.
- (7) Physical therapy and related services.
- (8) Dental services.
- (9) Prescribed laboratory and x-ray services.
- (10) Prescribed drugs and pharmacist services.
- (11) Eyeglasses and prosthetic devices.
- (12) Optometric services.
- (13) Diagnostic, screening, preventive, and rehabilitative services.
- (14) Podiatric medicine services.
- (15) Hospice services.
- (16) Services or supplies recognized under Indiana law and specified under rules adopted by the office.
- (17) Family planning services except the performance of abortions.
- (18) Nonmedical nursing care given in accordance with the tenets and practices of a recognized church or religious denomination to an individual qualified for Medicaid who depends upon healing by prayer and spiritual means alone in accordance with the tenets and practices of the individual's church or religious denomination.
- (19) Services provided to individuals described in IC 12-15-2-8 and IC 12-15-2-9.
- (20) Services provided under IC 12-15-34 and IC 12-15-32.
- (21) Case management services provided to individuals described in IC 12-15-2-11 and IC 12-15-2-13.



(22) Any other type of remedial care recognized under Indiana law and specified by the United States Secretary of Health and Human Services.

(23) Examinations required under IC 16-41-17-2(a)(10).

(24) Inpatient substance abuse detoxification services.

SECTION 11. IC 12-15-35-28, AS AMENDED BY P.L.53-2014, SECTION 105, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 28. (a) The board has the following duties:

(1) The adoption of rules to carry out this chapter, in accordance with the provisions of IC 4-22-2 and subject to any office approval that is required by the federal Omnibus Budget Reconciliation Act of 1990 under Public Law 101-508 and its implementing regulations.

(2) The implementation of a Medicaid retrospective and prospective DUR program as outlined in this chapter, including the approval of software programs to be used by the pharmacist for prospective DUR and recommendations concerning the provisions of the contractual agreement between the state and any other entity that will be processing and reviewing Medicaid drug claims and profiles for the DUR program under this chapter.

(3) The development and application of the predetermined criteria and standards for appropriate prescribing to be used in retrospective and prospective DUR to ensure that such criteria and standards for appropriate prescribing are based on the compendia and developed with professional input with provisions for timely revisions and assessments as necessary.

(4) The development, selection, application, and assessment of interventions for physicians, pharmacists, and patients that are educational and not punitive in nature.

(5) The publication of an annual report that must be subject to public comment before issuance to the federal Department of Health and Human Services and to the Indiana legislative council by December 1 of each year. The report issued to the legislative council must be in an electronic format under IC 5-14-6.

(6) The development of a working agreement for the board to clarify the areas of responsibility with related boards or agencies, including the following:

(A) The Indiana board of pharmacy.

(B) The medical licensing board of Indiana.

(C) The SURS staff.

(7) The establishment of a grievance and appeals process for



1 physicians or pharmacists under this chapter.

2 (8) The publication and dissemination of educational information
3 to physicians and pharmacists regarding the board and the DUR
4 program, including information on the following:

5 (A) Identifying and reducing the frequency of patterns of
6 fraud, abuse, gross overuse, or inappropriate or medically
7 unnecessary care among physicians, pharmacists, and
8 recipients.

9 (B) Potential or actual severe or adverse reactions to drugs.

10 (C) Therapeutic appropriateness.

11 (D) Overutilization or underutilization.

12 (E) Appropriate use of generic drugs.

13 (F) Therapeutic duplication.

14 (G) Drug-disease contraindications.

15 (H) Drug-drug interactions.

16 (I) Incorrect drug dosage and duration of drug treatment.

17 (J) Drug allergy interactions.

18 (K) Clinical abuse and misuse.

19 (9) The adoption and implementation of procedures designed to
20 ensure the confidentiality of any information collected, stored,
21 retrieved, assessed, or analyzed by the board, staff to the board, or
22 contractors to the DUR program that identifies individual
23 physicians, pharmacists, or recipients.

24 (10) The implementation of additional drug utilization review
25 with respect to drugs dispensed to residents of nursing facilities
26 shall not be required if the nursing facility is in compliance with
27 the drug regimen procedures under 410 IAC 16.2-3.1 and 42 CFR
28 483.60.

29 (11) The research, development, and approval of a preferred drug
30 list for:

31 (A) Medicaid's fee for service program;

32 (B) Medicaid's primary care case management program;

33 (C) Medicaid's risk based managed care program, if the office
34 provides a prescription drug benefit and subject to IC 12-15-5;
35 and

36 (D) the children's health insurance program under IC 12-17.6;
37 in consultation with the therapeutics committee.

38 (12) The approval of the review and maintenance of the preferred
39 drug list at least two (2) times per year.

40 (13) The preparation and submission of a report concerning the
41 preferred drug list at least one (1) time per year to the interim
42 study committee on public health, behavioral health, and human



services established by IC 2-5-1.3-4 in an electronic format under IC 5-14-6.

(14) The collection of data reflecting prescribing patterns related to treatment of children diagnosed with attention deficit disorder or attention deficit hyperactivity disorder.

(15) Advising the Indiana comprehensive health insurance association established by IC 27-8-10-2.1 concerning implementation of chronic disease management and pharmaceutical management programs under IC 27-8-10-3.5.

(16) The review of the prescribing and reimbursement for long acting addictive medication assistance treatment drugs for the treatment of pain and for the treatment of substance abuse. The board shall provide its findings under this subdivision to the general assembly in an electronic format under IC 5-14-6 not later than December 1, 2015.

(b) The board shall use the clinical expertise of the therapeutics committee in developing a preferred drug list. The board shall also consider expert testimony in the development of a preferred drug list.

(c) In researching and developing a preferred drug list under subsection (a)(11), the board shall do the following:

(1) Use literature abstracting technology.

(2) Use commonly accepted guidance principles of disease management.

(3) Develop therapeutic classifications for the preferred drug list.

(4) Give primary consideration to the clinical efficacy or appropriateness of a particular drug in treating a specific medical condition.

(5) Include in any cost effectiveness considerations the cost implications of other components of the state's Medicaid program and other state funded programs.

(d) Prior authorization is required for coverage under a program described in subsection (a)(11) of a drug that is not included on the preferred drug list.

(e) The board shall determine whether to include a single source covered outpatient drug that is newly approved by the federal Food and Drug Administration on the preferred drug list not later than sixty (60) days after the date on which the manufacturer notifies the board in writing of the drug's approval. However, if the board determines that there is inadequate information about the drug available to the board to make a determination, the board may have an additional sixty (60) days to make a determination from the date that the board receives adequate information to perform the board's review. Prior authorization



1 may not be automatically required for a single source drug that is newly
 2 approved by the federal Food and Drug Administration, and that is:

3 (1) in a therapeutic classification:

4 (A) that has not been reviewed by the board; and

5 (B) for which prior authorization is not required; or

6 (2) the sole drug in a new therapeutic classification that has not
 7 been reviewed by the board.

8 (f) The board may not exclude a drug from the preferred drug list
 9 based solely on price.

10 (g) The following requirements apply to a preferred drug list
 11 developed under subsection (a)(11):

12 (1) Except as provided by IC 12-15-35.5-3(b) and
 13 IC 12-15-35.5-3(c), the office or the board may require prior
 14 authorization for a drug that is included on the preferred drug list
 15 under the following circumstances:

16 (A) To override a prospective drug utilization review alert.

17 (B) To permit reimbursement for a medically necessary brand
 18 name drug that is subject to generic substitution under
 19 IC 16-42-22-10.

20 (C) To prevent fraud, abuse, waste, overutilization, or
 21 inappropriate utilization.

22 (D) To permit implementation of a disease management
 23 program.

24 (E) To implement other initiatives permitted by state or federal
 25 law.

26 (2) All drugs described in IC 12-15-35.5-3(b) must be included on
 27 the preferred drug list.

28 (3) The office may add a drug that has been approved by the
 29 federal Food and Drug Administration to the preferred drug list
 30 without prior approval from the board.

31 (4) The board may add a drug that has been approved by the
 32 federal Food and Drug Administration to the preferred drug list.

33 (h) At least one (1) time each year, the board shall provide a report
 34 to the interim study committee on public health, behavioral health, and
 35 human services established by IC 2-5-1.3-4 in an electronic format
 36 under IC 5-14-6. The report must contain the following information:

37 (1) The cost of administering the preferred drug list.

38 (2) Any increase in Medicaid physician, laboratory, or hospital
 39 costs or in other state funded programs as a result of the preferred
 40 drug list.

41 (3) The impact of the preferred drug list on the ability of a
 42 Medicaid recipient to obtain prescription drugs.



(4) The number of times prior authorization was requested, and the number of times prior authorization was:

- (A) approved; and
- (B) disapproved.

(i) The board shall provide the first report required under subsection (h) not later than six (6) months after the board submits an initial preferred drug list to the office.

SECTION 12. IC 12-15-35.5-3, AS AMENDED BY P.L.229-2011, SECTION 143, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 3. (a) Except as provided in subsection (b), the office may establish prior authorization requirements for drugs covered under a program described in section 1 of this chapter.

(b) With the exception of prior authorization for "brand medically necessary" of a brand name drug with a generic equivalent in accordance with IC 16-42-22-10, the office may not require prior authorization for the following single source or brand name multisource drugs:

(1) A drug that is classified as an antianxiety, antidepressant, or antipsychotic central nervous system drug in the most recent publication of Drug Facts and Comparisons (published by the Facts and Comparisons Division of J.B. Lippincott Company).

(2) A drug that, according to:

- (A) the American Psychiatric Press Textbook of Psychopharmacology;
- (B) Current Clinical Strategies for Psychiatry;
- (C) Drug Facts and Comparisons; or
- (D) a publication with a focus and content similar to the publications described in clauses (A) through (C);

is a cross-indicated drug for a central nervous system drug classification described in subdivision (1).

(3) A drug that is:

- (A) classified in a central nervous system drug category or classification (according to Drug Facts and Comparisons) that is created after March 12, 2002; and
- (B) prescribed for the treatment of a mental illness (as defined in the most recent publication of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders).

(4) A drug that is a long acting nonaddictive medication assistance treatment drug being prescribed for the treatment of substance abuse.



(c) Except as provided under section 7 of this chapter, a recipient enrolled in a program described in section 1 of this chapter shall have unrestricted access to a drug described in subsection (b).

SECTION 13. IC 12-15-35.5-7.5 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: **Sec. 7.5. (a) The office may not reimburse under Medicaid for methadone if the drug was prescribed for the treatment of pain or pain management.**

(b) A managed care organization may not reimburse under Medicaid for methadone if the drug is prescribed for the treatment of pain or pain management.

SECTION 14. IC 12-15-44.2-4, AS AMENDED BY P.L.160-2011, SECTION 7, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: **Sec. 4. (a) The plan must include the following in a manner and to the extent determined by the office:**

- (1) Mental health care services.
 - (2) Inpatient hospital services.
 - (3) Prescription drug coverage, **including, without prior authorization, coverage of a long acting nonaddictive medication assistance treatment drug if the drug is being prescribed for the treatment of substance abuse.**
 - (4) Emergency room services.
 - (5) Physician office services.
 - (6) Diagnostic services.
 - (7) Outpatient services, including therapy services.
 - (8) Comprehensive disease management.
 - (9) Home health services, including case management.
 - (10) Urgent care center services.
 - (11) Preventative care services.
 - (12) Family planning services:
 - (A) including contraceptives and sexually transmitted disease testing, as described in federal Medicaid law (42 U.S.C. 1396 et seq.); and
 - (B) not including abortion or abortifacients.
 - (13) Hospice services.
 - (14) Substance abuse services.
 - (15) A service determined by the secretary to be required by federal law as a benchmark service under the federal Patient Protection and Affordable Care Act.
- (b) The plan may do the following:
- (1) Offer coverage for dental and vision services to an individual who participates in the plan.



(2) Pay at least fifty percent (50%) of the premium cost of dental and vision services coverage described in subdivision (1).

(c) An individual who receives the dental or vision coverage offered under subsection (b) shall pay an amount determined by the office for the coverage. The office shall limit the payment to not more than five percent (5%) of the individual's annual household income. The payment required under this subsection is in addition to the payment required under section 11(b)(2) of this chapter for coverage under the plan.

(d) Vision services offered by the plan must include services provided by an optometrist.

(e) The plan must comply with any coverage requirements that apply to an accident and sickness insurance policy issued in Indiana.

(f) The plan may not permit treatment limitations or financial requirements on the coverage of mental health care services or substance abuse services if similar limitations or requirements are not imposed on the coverage of services for other medical or surgical conditions.

SECTION 15. IC 12-23-18-5.5, AS AMENDED BY P.L.116-2008, SECTION 9, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 5.5. **(a)** The division may not grant specific approval to be a new opioid treatment program. This section does not apply to applications for new opioid treatment programs:

(1) pending prior to March 1, 2007; or

(2) that are operated by a hospital licensed under IC 16-21 or a certified community mental health center:

(A) within the licensed hospital or the center; or

(B) in a separate office that meets federal opioid treatment program requirements.

(b) A hospital licensed under IC 16-21 or a certified community mental health center may apply to the division to operate an opioid treatment program. Upon approval, the hospital or community mental health center may operate an opioid treatment program in compliance with this chapter and federal law.

(c) Before June 30, 2018, the division may approve the operation of not more than five (5) additional opioid treatment programs described in subsection (a)(2) only if the requirements of this chapter are met. The division may not approve the operation of a new opioid treatment program described in subsection (a)(2) after June 30, 2018.

(d) Not later than June 30, 2018, the division shall report to the general assembly in an electronic format under IC 5-14-6



1 concerning whether any new opioid treatment programs have been
 2 approved under subsection (c). The report must include the
 3 following:

- 4 (1) The impact on access to opioid treatment programs.
- 5 (2) The number of individuals served in the opioid treatment
- 6 programs approved under subsection (c).
- 7 (3) Treatment outcomes for individuals receiving services in
- 8 the opioid treatment programs approved under subsection (c).
- 9 (4) Any recommendations the division has concerning future
- 10 treatment programs.

11 SECTION 16. IC 12-23-18-7, AS ADDED BY P.L.131-2014,
 12 SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 13 JULY 1, 2015]: Sec. 7. (a) The division shall adopt rules under
 14 IC 4-22-2 to establish standards and protocols for opioid treatment
 15 programs to do the following:

- 16 (1) Assess new opioid treatment program patients to determine
- 17 the most effective opioid treatment medications to start the
- 18 patient's opioid treatment.
- 19 (2) Ensure that each patient voluntarily chooses maintenance
- 20 treatment and that relevant facts concerning the use of opioid
- 21 treatment medications are clearly and adequately explained to the
- 22 patient.
- 23 (3) Have appropriate opioid treatment program patients who are
- 24 receiving methadone for opioid treatment move to receiving other
- 25 approved opioid treatment medications.

26 (b) An opioid treatment program shall follow the standards and
 27 protocols adopted under subsection (a) for each opioid treatment
 28 program patient.

29 (c) Subject to subsection (a), an opioid treatment program may use
 30 any of the following medications as an alternative for methadone for
 31 opioid treatment:

- 32 (1) Buprenorphine.
- 33 (2) Buprenorphine combination products containing naloxone.
- 34 (3) **Naltrexone injectable and extended release.**
- 35 ~~(3)~~ (4) Any other medication that has been approved by:
 - 36 (A) the federal Food and Drug Administration for use in the
 - 37 treatment of opioid addiction; and
 - 38 (B) the division under subsection (e).

39 (d) Before starting a patient on a new opioid treatment medication,
 40 the opioid treatment program shall explain to the patient the potential
 41 side effects of the new medication.

42 (e) The division may adopt rules under IC 4-22-2 to provide for



other medications, including a federal Food and Drug Administration approved long acting, nonaddictive medication for the treatment of opioid or alcohol dependence, as alternatives to methadone that may be used under subsection (a).

SECTION 17. IC 25-22.5-13-6 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: **Sec. 6. If a prescriber is prescribing methadone for a patient for the treatment of pain or pain management, the prescriber shall include on the prescription or order that the prescription is for the treatment of pain.**

SECTION 18. IC 27-8-32.1 IS ADDED TO THE INDIANA CODE AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]:

Chapter 32.1. Coverage for Methadone

Sec. 1. This chapter applies to a policy of accident and sickness insurance that is issued, amended, or renewed after June 30, 2015.

Sec. 2. As used in this chapter, "insured" means an individual who is entitled to coverage under a policy of accident and sickness insurance.

Sec. 3. As used in this chapter, "policy of accident and sickness insurance" has the meaning set forth in IC 27-8-5-1.

Sec. 4. A policy of accident and sickness insurance may not provide coverage for methadone if the drug is prescribed for the treatment of pain or pain management.

SECTION 19. IC 27-13-7-20.1 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: **Sec. 20.1. (a) This section applies to an individual contract or a group contract that is entered into, amended, or renewed after June 30, 2015.**

(b) An individual contract or a group contract may not provide coverage for methadone if the drug is prescribed for the treatment of pain or pain management.

SECTION 20. IC 33-23-16-24.5 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: **Sec. 24.5. A problem solving court may require an individual participating in a problem solving court to receive:**

- (1) addiction counseling;**
- (2) inpatient detoxification; and**
- (3) medication assisted treatment, including a federal Food and Drug Administration approved long acting, nonaddictive medication for the treatment of opioid or alcohol dependence.**



SECTION 21. IC 33-39-1-8, AS AMENDED BY P.L.168-2014, SECTION 47, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 8. (a) After June 30, 2005, this section does not apply to a person who:

- (1) holds a commercial driver's license; and
- (2) has been charged with an offense involving the operation of a motor vehicle in accordance with the federal Motor Carrier Safety Improvement Act of 1999 (MCSIA) (Public Law 106-159.113 Stat. 1748).

(b) This section does not apply to a person arrested for or charged with:

- (1) an offense under IC 9-30-5-1 through IC 9-30-5-5; or
- (2) if a person was arrested or charged with an offense under IC 9-30-5-1 through IC 9-30-5-5, an offense involving:
 - (A) intoxication; or
 - (B) the operation of a vehicle;

if the offense involving intoxication or the operation of a vehicle was part of the same episode of criminal conduct as the offense under IC 9-30-5-1 through IC 9-30-5-5.

(c) This section does not apply to a person:

- (1) who is arrested for or charged with an offense under:
 - (A) IC 7.1-5-7-7, if the alleged offense occurred while the person was operating a motor vehicle;
 - (B) IC 9-30-4-8(a), if the alleged offense occurred while the person was operating a motor vehicle;
 - (C) IC 35-44.1-2-13(b)(1); or
 - (D) IC 35-43-1-2(a), if the alleged offense occurred while the person was operating a motor vehicle; and
- (2) who held a probationary license (as defined in IC 9-24-11-3.3(b)) and was less than eighteen (18) years of age at the time of the alleged offense.

(d) A prosecuting attorney may withhold prosecution against an accused person if:

- (1) the person is charged with a misdemeanor, a Level 6 felony, or a Level 5 felony;
- (2) the person agrees to conditions of a pretrial diversion program offered by the prosecuting attorney;
- (3) the terms of the agreement are recorded in an instrument signed by the person and the prosecuting attorney and filed in the court in which the charge is pending; and
- (4) the prosecuting attorney electronically transmits information required by the prosecuting attorneys council concerning the



withheld prosecution to the prosecuting attorneys council, in a manner and format designated by the prosecuting attorneys council.

(e) An agreement under subsection (d) may include conditions that the person:

(1) pay to the clerk of the court an initial user's fee and monthly user's fees in the amounts specified in IC 33-37-4-1;

(2) work faithfully at a suitable employment or faithfully pursue a course of study or career and technical education that will equip the person for suitable employment;

(3) undergo available medical treatment or counseling and remain in a specified facility required for that purpose, **including:**

(A) addiction counseling;

(B) inpatient detoxification; and

(C) medication assisted treatment, including a federal Food and Drug Administration approved long acting, nonaddictive medication for the treatment of opioid or alcohol dependence.

(4) support the person's dependents and meet other family responsibilities;

(5) make restitution or reparation to the victim of the crime for the damage or injury that was sustained;

(6) refrain from harassing, intimidating, threatening, or having any direct or indirect contact with the victim or a witness;

(7) report to the prosecuting attorney at reasonable times;

(8) answer all reasonable inquiries by the prosecuting attorney and promptly notify the prosecuting attorney of any change in address or employment; and

(9) participate in dispute resolution either under IC 34-57-3 or a program established by the prosecuting attorney.

(f) An agreement under subsection (d)(2) may include other provisions reasonably related to the defendant's rehabilitation, if approved by the court.

(g) The prosecuting attorney shall notify the victim when prosecution is withheld under this section.

(h) All money collected by the clerk as user's fees under this section shall be deposited in the appropriate user fee fund under IC 33-37-8.

(i) If a court withholds prosecution under this section and the terms of the agreement contain conditions described in subsection (e)(6):

(1) the clerk of the court shall comply with IC 5-2-9; and

(2) the prosecuting attorney shall file a confidential form prescribed or approved by the division of state court



administration with the clerk.

SECTION 22. IC 35-38-2-2.3, AS AMENDED BY P.L.13-2013,
SECTION 138, IS AMENDED TO READ AS FOLLOWS
[EFFECTIVE JULY 1, 2015]: Sec. 2.3. (a) As a condition of probation,
the court may require a person to do a combination of the following:

(1) Work faithfully at suitable employment or faithfully pursue a
course of study or career and technical education that will equip
the person for suitable employment.

(2) Undergo available medical or psychiatric treatment and
remain in a specified institution if required for that purpose.

(3) Attend or reside in a facility established for the instruction,
recreation, or residence of persons on probation.

(4) Participate in a treatment program, educational class, or
rehabilitative service provided by a probation department or by
referral to an agency.

(5) Support the person's dependents and meet other family
responsibilities.

(6) Make restitution or reparation to the victim of the crime for
damage or injury that was sustained by the victim. When
restitution or reparation is a condition of probation, the court shall
fix the amount, which may not exceed an amount the person can
or will be able to pay, and shall fix the manner of performance.

(7) Execute a repayment agreement with the appropriate
governmental entity to repay the full amount of public relief or
assistance wrongfully received, and make repayments according
to a repayment schedule set out in the agreement.

(8) Pay a fine authorized by IC 35-50.

(9) Refrain from possessing a firearm or other deadly weapon
unless granted written permission by the court or the person's
probation officer.

(10) Report to a probation officer at reasonable times as directed
by the court or the probation officer.

(11) Permit the person's probation officer to visit the person at
reasonable times at the person's home or elsewhere.

(12) Remain within the jurisdiction of the court, unless granted
permission to leave by the court or by the person's probation
officer.

(13) Answer all reasonable inquiries by the court or the person's
probation officer and promptly notify the court or probation
officer of any change in address or employment.

(14) Perform uncompensated work that benefits the community.



- 1 (15) Satisfy other conditions reasonably related to the person's
- 2 rehabilitation.
- 3 (16) Undergo home detention under IC 35-38-2.5.
- 4 (17) Undergo a laboratory test or series of tests approved by the
- 5 state department of health to detect and confirm the presence of
- 6 the human immunodeficiency virus (HIV) antigen or antibodies
- 7 to the human immunodeficiency virus (HIV), if:
- 8 (A) the person had been convicted of an offense relating to a
- 9 criminal sexual act and the offense created an
- 10 epidemiologically demonstrated risk of transmission of the
- 11 human immunodeficiency virus (HIV); or
- 12 (B) the person had been convicted of an offense relating to a
- 13 controlled substance and the offense involved:
- 14 (i) the delivery by any person to another person; or
- 15 (ii) the use by any person on another person;
- 16 of a contaminated sharp (as defined in IC 16-41-16-2) or other
- 17 paraphernalia that creates an epidemiologically demonstrated
- 18 risk of transmission of HIV by involving percutaneous contact.
- 19 (18) Refrain from any direct or indirect contact with an individual
- 20 and, if convicted of an offense under IC 35-46-3, any animal
- 21 belonging to the individual.
- 22 (19) Execute a repayment agreement with the appropriate
- 23 governmental entity or with a person for reasonable costs incurred
- 24 because of the taking, detention, or return of a missing child (as
- 25 defined in IC 10-13-5-4).
- 26 (20) Periodically undergo a laboratory chemical test (as defined
- 27 in IC 9-13-2-22) or series of chemical tests as specified by the
- 28 court to detect and confirm the presence of a controlled substance
- 29 (as defined in IC 35-48-1-9). The person on probation is
- 30 responsible for any charges resulting from a test and shall have
- 31 the results of any test under this subdivision reported to the
- 32 person's probation officer by the laboratory.
- 33 (21) If the person was confined in a penal facility, execute a
- 34 reimbursement plan as directed by the court and make repayments
- 35 under the plan to the authority that operates the penal facility for
- 36 all or part of the costs of the person's confinement in the penal
- 37 facility. The court shall fix an amount that:
- 38 (A) may not exceed an amount the person can or will be able
- 39 to pay;
- 40 (B) does not harm the person's ability to reasonably be self
- 41 supporting or to reasonably support any dependent of the
- 42 person; and



- 1 (C) takes into consideration and gives priority to any other
 2 restitution, reparation, repayment, or fine the person is
 3 required to pay under this section.
 4 (22) Refrain from owning, harboring, or training an animal.
 5 (23) Participate in a reentry court program.
 6 **(24) Receive:**
 7 **(A) addiction counseling;**
 8 **(B) inpatient detoxification; and**
 9 **(C) medication assisted treatment, including a federal Food**
 10 **and Drug Administration approved long acting,**
 11 **nonaddictive medication for the treatment of opioid or**
 12 **alcohol dependence.**
 13 (b) When a person is placed on probation, the person shall be given
 14 a written statement specifying:
 15 (1) the conditions of probation; and
 16 (2) that if the person violates a condition of probation during the
 17 probationary period, a petition to revoke probation may be filed
 18 before the earlier of the following:
 19 (A) One (1) year after the termination of probation.
 20 (B) Forty-five (45) days after the state receives notice of the
 21 violation.
 22 (c) As a condition of probation, the court may require that the
 23 person serve a term of imprisonment in an appropriate facility at the
 24 time or intervals (consecutive or intermittent) within the period of
 25 probation the court determines.
 26 (d) Intermittent service may be required only for a term of not more
 27 than sixty (60) days and must be served in the county or local penal
 28 facility. The intermittent term is computed on the basis of the actual
 29 days spent in confinement and shall be completed within one (1) year.
 30 A person does not earn credit time while serving an intermittent term
 31 of imprisonment under this subsection. When the court orders
 32 intermittent service, the court shall state:
 33 (1) the term of imprisonment;
 34 (2) the days or parts of days during which a person is to be
 35 confined; and
 36 (3) the conditions.
 37 (e) Supervision of a person may be transferred from the court that
 38 placed the person on probation to a court of another jurisdiction, with
 39 the concurrence of both courts. Retransfers of supervision may occur
 40 in the same manner. This subsection does not apply to transfers made
 41 under IC 11-13-4 or IC 11-13-5.



1 (f) When a court imposes a condition of probation described in
2 subsection (a)(18):

3 (1) the clerk of the court shall comply with IC 5-2-9; and

4 (2) the prosecuting attorney shall file a confidential form
5 prescribed or approved by the division of state court
6 administration with the clerk.

7 (g) As a condition of probation, a court shall require a person:

8 (1) convicted of an offense described in IC 10-13-6-10;

9 (2) who has not previously provided a DNA sample in accordance
10 with IC 10-13-6; and

11 (3) whose sentence does not involve a commitment to the
12 department of correction;

13 to provide a DNA sample as a condition of probation.

14 (h) If a court imposes a condition of probation described in
15 subsection (a)(4), the person on probation is responsible for any costs
16 resulting from the participation in a program, class, or service. Any
17 costs collected for services provided by the probation department shall
18 be deposited in the county or local supplemental adult services fund.



COMMITTEE REPORT

Madam President: The Senate Committee on Health and Provider Services, to which was referred Senate Bill No. 464, has had the same under consideration and begs leave to report the same back to the Senate with the recommendation that said bill be AMENDED as follows:

Page 1, between the enacting clause and line 1, begin a new paragraph and insert:

"SECTION 1. IC 5-10-8-14.8 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: **Sec. 14.8. (a) This section applies to an employee health plan that is established, entered into, amended, or renewed after June 30, 2015.**

(b) As used in this section, "covered individual" means an individual who is entitled to coverage under a state employee health plan.

(c) As used in this section, "state employee health plan" means one (1) of the following:

(1) A self-insurance program established under section 7(b) of this chapter to provide group health coverage.

(2) A contract with a prepaid health care delivery plan that is entered into or renewed under section 7(c) of this chapter.

(d) A state employee health plan may not provide coverage for methadone if the drug is prescribed for the treatment of pain or pain management."

Page 11, between lines 30 and 31, begin a new paragraph and insert:

"SECTION 10. IC 12-15-35-28, AS AMENDED BY P.L.53-2014, SECTION 105, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: **Sec. 28. (a) The board has the following duties:**

(1) The adoption of rules to carry out this chapter, in accordance with the provisions of IC 4-22-2 and subject to any office approval that is required by the federal Omnibus Budget Reconciliation Act of 1990 under Public Law 101-508 and its implementing regulations.

(2) The implementation of a Medicaid retrospective and prospective DUR program as outlined in this chapter, including the approval of software programs to be used by the pharmacist for prospective DUR and recommendations concerning the provisions of the contractual agreement between the state and any other entity that will be processing and reviewing Medicaid drug claims and profiles for the DUR program under this chapter.



- (3) The development and application of the predetermined criteria and standards for appropriate prescribing to be used in retrospective and prospective DUR to ensure that such criteria and standards for appropriate prescribing are based on the compendia and developed with professional input with provisions for timely revisions and assessments as necessary.
- (4) The development, selection, application, and assessment of interventions for physicians, pharmacists, and patients that are educational and not punitive in nature.
- (5) The publication of an annual report that must be subject to public comment before issuance to the federal Department of Health and Human Services and to the Indiana legislative council by December 1 of each year. The report issued to the legislative council must be in an electronic format under IC 5-14-6.
- (6) The development of a working agreement for the board to clarify the areas of responsibility with related boards or agencies, including the following:
 - (A) The Indiana board of pharmacy.
 - (B) The medical licensing board of Indiana.
 - (C) The SURS staff.
- (7) The establishment of a grievance and appeals process for physicians or pharmacists under this chapter.
- (8) The publication and dissemination of educational information to physicians and pharmacists regarding the board and the DUR program, including information on the following:
 - (A) Identifying and reducing the frequency of patterns of fraud, abuse, gross overuse, or inappropriate or medically unnecessary care among physicians, pharmacists, and recipients.
 - (B) Potential or actual severe or adverse reactions to drugs.
 - (C) Therapeutic appropriateness.
 - (D) Overutilization or underutilization.
 - (E) Appropriate use of generic drugs.
 - (F) Therapeutic duplication.
 - (G) Drug-disease contraindications.
 - (H) Drug-drug interactions.
 - (I) Incorrect drug dosage and duration of drug treatment.
 - (J) Drug allergy interactions.
 - (K) Clinical abuse and misuse.
- (9) The adoption and implementation of procedures designed to ensure the confidentiality of any information collected, stored, retrieved, assessed, or analyzed by the board, staff to the board, or



contractors to the DUR program that identifies individual physicians, pharmacists, or recipients.

(10) The implementation of additional drug utilization review with respect to drugs dispensed to residents of nursing facilities shall not be required if the nursing facility is in compliance with the drug regimen procedures under 410 IAC 16.2-3.1 and 42 CFR 483.60.

(11) The research, development, and approval of a preferred drug list for:

- (A) Medicaid's fee for service program;
- (B) Medicaid's primary care case management program;
- (C) Medicaid's risk based managed care program, if the office provides a prescription drug benefit and subject to IC 12-15-5; and

(D) the children's health insurance program under IC 12-17.6; in consultation with the therapeutics committee.

(12) The approval of the review and maintenance of the preferred drug list at least two (2) times per year.

(13) The preparation and submission of a report concerning the preferred drug list at least one (1) time per year to the interim study committee on public health, behavioral health, and human services established by IC 2-5-1.3-4 in an electronic format under IC 5-14-6.

(14) The collection of data reflecting prescribing patterns related to treatment of children diagnosed with attention deficit disorder or attention deficit hyperactivity disorder.

(15) Advising the Indiana comprehensive health insurance association established by IC 27-8-10-2.1 concerning implementation of chronic disease management and pharmaceutical management programs under IC 27-8-10-3.5.

(16) The review of the prescribing and reimbursement for long acting addictive medication assistance treatment drugs for the treatment of pain and for the treatment of substance abuse. The board shall provide its findings under this subdivision to the general assembly in an electronic format under IC 5-14-6 not later than December 1, 2015.

(b) The board shall use the clinical expertise of the therapeutics committee in developing a preferred drug list. The board shall also consider expert testimony in the development of a preferred drug list.

(c) In researching and developing a preferred drug list under subsection (a)(11), the board shall do the following:

- (1) Use literature abstracting technology.



(2) Use commonly accepted guidance principles of disease management.

(3) Develop therapeutic classifications for the preferred drug list.

(4) Give primary consideration to the clinical efficacy or appropriateness of a particular drug in treating a specific medical condition.

(5) Include in any cost effectiveness considerations the cost implications of other components of the state's Medicaid program and other state funded programs.

(d) Prior authorization is required for coverage under a program described in subsection (a)(11) of a drug that is not included on the preferred drug list.

(e) The board shall determine whether to include a single source covered outpatient drug that is newly approved by the federal Food and Drug Administration on the preferred drug list not later than sixty (60) days after the date on which the manufacturer notifies the board in writing of the drug's approval. However, if the board determines that there is inadequate information about the drug available to the board to make a determination, the board may have an additional sixty (60) days to make a determination from the date that the board receives adequate information to perform the board's review. Prior authorization may not be automatically required for a single source drug that is newly approved by the federal Food and Drug Administration, and that is:

(1) in a therapeutic classification:

(A) that has not been reviewed by the board; and

(B) for which prior authorization is not required; or

(2) the sole drug in a new therapeutic classification that has not been reviewed by the board.

(f) The board may not exclude a drug from the preferred drug list based solely on price.

(g) The following requirements apply to a preferred drug list developed under subsection (a)(11):

(1) Except as provided by IC 12-15-35.5-3(b) and IC 12-15-35.5-3(c), the office or the board may require prior authorization for a drug that is included on the preferred drug list under the following circumstances:

(A) To override a prospective drug utilization review alert.

(B) To permit reimbursement for a medically necessary brand name drug that is subject to generic substitution under IC 16-42-22-10.

(C) To prevent fraud, abuse, waste, overutilization, or inappropriate utilization.



- (D) To permit implementation of a disease management program.
- (E) To implement other initiatives permitted by state or federal law.
- (2) All drugs described in IC 12-15-35.5-3(b) must be included on the preferred drug list.
- (3) The office may add a drug that has been approved by the federal Food and Drug Administration to the preferred drug list without prior approval from the board.
- (4) The board may add a drug that has been approved by the federal Food and Drug Administration to the preferred drug list.
- (h) At least one (1) time each year, the board shall provide a report to the interim study committee on public health, behavioral health, and human services established by IC 2-5-1.3-4 in an electronic format under IC 5-14-6. The report must contain the following information:
 - (1) The cost of administering the preferred drug list.
 - (2) Any increase in Medicaid physician, laboratory, or hospital costs or in other state funded programs as a result of the preferred drug list.
 - (3) The impact of the preferred drug list on the ability of a Medicaid recipient to obtain prescription drugs.
 - (4) The number of times prior authorization was requested, and the number of times prior authorization was:
 - (A) approved; and
 - (B) disapproved.
- (i) The board shall provide the first report required under subsection (h) not later than six (6) months after the board submits an initial preferred drug list to the office."

Page 12, delete lines 27 through 34, begin a new paragraph and insert:

"SECTION 12. IC 12-15-35.5-7.5 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: **Sec. 7.5. (a) The office may not reimburse under Medicaid for methadone if the drug was prescribed for the treatment of pain or pain management.**

(b) A managed care organization may not reimburse under Medicaid for methadone if the drug is prescribed for the treatment of pain or pain management."

Page 12, line 41, after "including" insert ", **without prior authorization,**".



Page 12, line 41, delete "the" and insert **"a long acting nonaddictive medication assistance treatment drug if the drug is being prescribed for the treatment of substance abuse."**

Page 12, delete line 42.

Page 13, delete lines 1 through 5.

Page 14, line 9, after "by" insert **"a hospital licensed under IC 16-21 or"**.

Page 14, line 11, after "within" insert **"the licensed hospital or"**.

Page 14, line 14, after "A" insert **"hospital licensed under IC 16-21 or a"**.

Page 14, line 16, after "the" insert **"hospital or"**.

Page 14, between lines 18 and 19, begin a new paragraph and insert:

"(c) Before June 30, 2018, the division may approve the operation of not more than five (5) additional opioid treatment programs described in subsection (a)(2) only if the requirements of this chapter are met. The division may not approve the operation of a new opioid treatment program described in subsection (a)(2) after June 30, 2018.

(d) Not later than June 30, 2018, the division shall report to the general assembly in an electronic format under IC 5-14-6 concerning whether any new opioid treatment programs have been approved under subsection (c). The report must include the following:

- (1) The impact on access to opioid treatment programs.**
- (2) The number of individuals served in the opioid treatment programs approved under subsection (c).**
- (3) Treatment outcomes for individuals receiving services in the opioid treatment programs approved under subsection (c).**
- (4) Any recommendations the division has concerning future treatment programs."**

Page 15, between lines 12 and 13, begin a new paragraph and insert:

"SECTION 16. IC 25-22.5-13-6 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 6. If a prescriber is prescribing methadone for a patient for the treatment of pain or pain management, the prescriber shall include on the prescription or order that the prescription is for the treatment of pain.

SECTION 17. IC 27-8-32.1 IS ADDED TO THE INDIANA CODE AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]:

Chapter 32.1. Coverage for Methadone



Sec. 1. This chapter applies to a policy of accident and sickness insurance that is issued, amended, or renewed after June 30, 2015.

Sec. 2. As used in this chapter, "insured" means an individual who is entitled to coverage under a policy of accident and sickness insurance.

Sec. 3. As used in this chapter, "policy of accident and sickness insurance" has the meaning set forth in IC 27-8-5-1.

Sec. 4. A policy of accident and sickness insurance may not provide coverage for methadone if the drug is prescribed for the treatment of pain or pain management.

SECTION 18. IC 27-13-7-20.1 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: **Sec. 20.1. (a) This section applies to an individual contract or a group contract that is entered into, amended, or renewed after June 30, 2015.**

(b) An individual contract or a group contract may not provide coverage for methadone if the drug is prescribed for the treatment of pain or pain management."

Renumber all SECTIONS consecutively.

and when so amended that said bill do pass and be reassigned to the Senate Committee on Appropriations.

(Reference is to SB 464 as introduced.)

MILLER PATRICIA, Chairperson

Committee Vote: Yeas 11, Nays 0.

